

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective -0.5% , 06/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Medical malpractice</u>	<u>\$58,095</u>	<u>-0.5%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

Yes. Postpartum Care Provider / Doula classification.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Class Plan Revision

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Medical Protective Company  
MEDPRO Provider Solutions, Inc.

Kathleen Name of Company

Vice President

Official - Title